

KANSAS HEALTH POLICY AUTHORITY



HealthWave Update

Joint Oversight Committee
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Andy Allison, PhD
Medicaid Director and Deputy Director
Kansas Health Policy Authority



What is HealthWave?

- HealthWave is a program of managed care providing medical services to children and families eligible for Medicaid (Title XIX of the Social Security Act) and the State Children's Health Insurance Plan (SCHIP, or Title XXI).
 - Physical health plans
 - Mental health and substance abuse plans
 - Dental care is provided fee-for service
- HealthWave began as the program name for the state's new SCHIP program in 1999, but has grown to include Medicaid enrollees as well.



Brief History

- January 1999 -- HealthWave created to serve the new SCHIP population in Kansas
- January 2002 -- HealthWave expanded to include Medicaid managed care members
- January 2007 -- KHPA contracted with two physical health managed care organizations providing choice to members
- December 2007 -- Congress passed the Medicare, Medicaid, and SCHIP Extension Act of 2007 funding SCHIP through March 2009



HealthWave 19

HealthWave 19 is made up of Medicaid beneficiaries with an eligibility type of Temporary Assistance to Families (TAF) or Poverty Level Eligible (PLE):

- TAF eligibility is up to about 30% of the Federal Poverty Level (FPL).
- PLE eligibles include pregnant women & children who are at or below 150% FPL.
- Children must be under 19 years of age.
- PLE thresholds fall as age rises, i.e., the “stair step” eligibility.





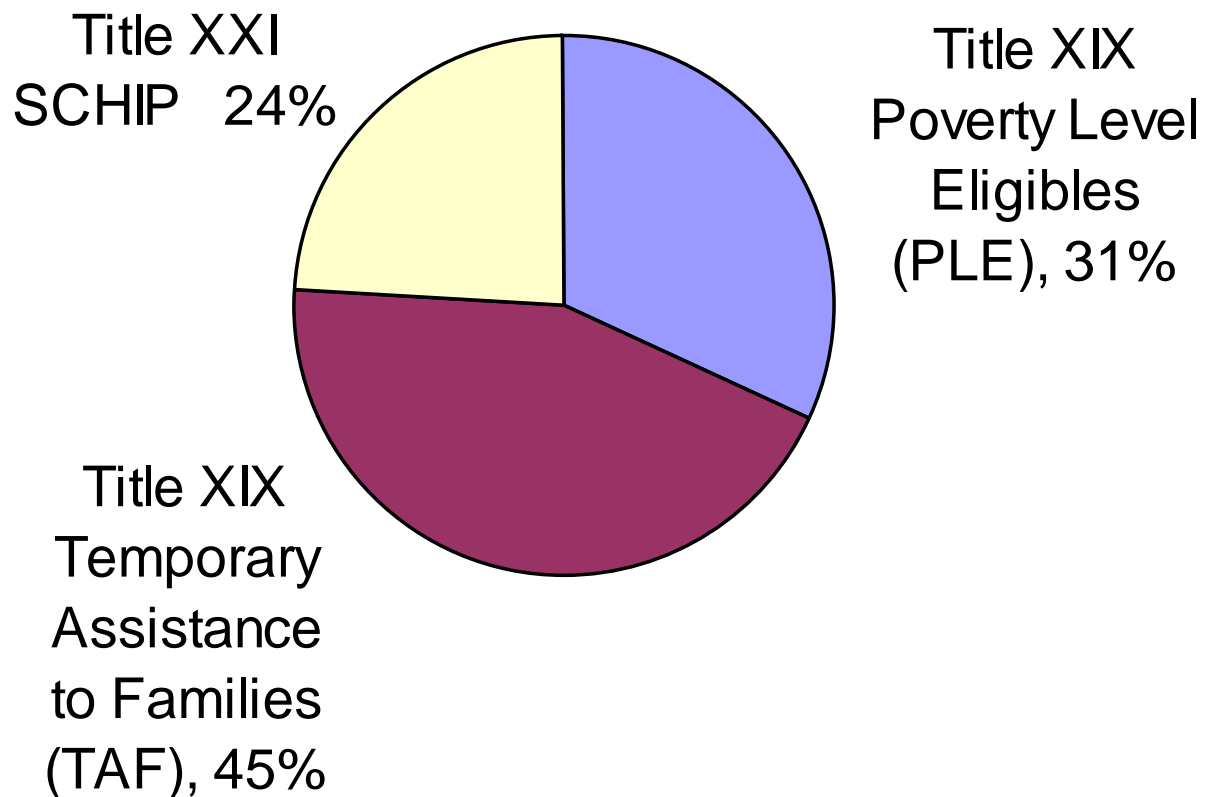
HealthWave 21

HealthWave 21 (SCHIP):

- Covers children 0-18 years of age who are above the Medicaid stair-step eligibility thresholds and below 200% FPL.
- In 2008 the legislature passed an expansion of eligibility to 250% FPL, contingent on the availability of Federal funding.



HealthWave Population SFY 2008

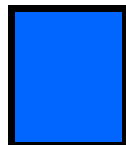




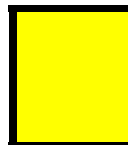
What is “Stair-Step Eligibility?”

| Family Poverty Level | Newborns under age 1 | Children ages 1-5 | Children ages 6-18 |
|----------------------|---------------------------------|--------------------|--------------------|
| 176-200% FPL | \$30 Monthly Premium Per Family | | |
| 151-175% FPL | \$20 Monthly Premium Per Family | | |
| ≤150% FPL | Medicaid | SCHIP – No Premium | No Premium |
| ≤133% FPL | | | No Premium |
| ≤100% FPL | | Medicaid | |

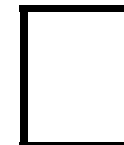
Key:



Medicaid



SCHIP – No
Premium



SCHIP -
Premium

How Much Family Income is Allowed?

- ❖ To be HealthWave eligible, the total countable income must not exceed the monthly Federal Poverty Level (FPL) standards based on the appropriate number of family members.

| Family Members | 200% FPL | 150% FPL (Preg. Women & Infants <1) | 133% FPL (Children Ages 1 thru 5) | 100% FPL (Children Ages 6 thru 18) |
|----------------|----------|--|--------------------------------------|---------------------------------------|
| 1 | \$1,734 | \$1,300 | \$1,153 | \$867 |
| 2 | \$2,334 | \$1,750 | \$1,552 | \$1,167 |
| 3 | \$2,934 | \$2,200 | \$1,951 | \$1,467 |
| 4 | \$3,534 | \$2,650 | \$2,350 | \$1,767 |
| 5 | \$4,134 | \$3,100 | \$2,749 | \$2,067 |
| 6 | \$4,734 | \$3,550 | \$3,148 | \$2,367 |

A map of Kansas showing its 105 counties. The counties are color-coded into three regions: West (light blue), Central (yellow), and East (blue). A star is located in Shawnee County, representing the location of Topeka. The counties are labeled with their names. The West region includes Cheyenne, Rawlins, Decatur, Norton, Sherman, Thomas, Sheridan, Graham, Wallace, Logan, Gove, Trego, Greeley, Wichita, Scott, Lane, Ness, Hamilton, Kearny, Finney, Hodgeman, Stanton, Grant, Haskell, Gray, Ford, Morton, Stevens, Seward, Meade, and Clark. The Central region includes Phillips, Smith, Jewell, Republic, Washington, Marshall, Nemaha, Brown, Doniphan, Rooks, Osborne, Mitchell, Cloud, Pottawatomie, Jackson, Atchison, Leavenworth, Wyandotte, Ellis, Russell, Lincoln, Ottawa, Clay, Riley, Geary, Wabaunsee, Shawnee, Douglas, Johnson, Rush, Barton, Ellsworth, Saline, Dickinson, Morris, Osage, Franklin, and Miami. The East region includes Pawnee, Rice, McPherson, Marion, Chase, Lyon, Coffey, Anderson, Linn, Edwards, Stafford, Harvey, Woodson, Allen, Bourbon, Kiowa, Pratt, Reno, Kingman, Sedgwick, Butler, Greenwood, Wilson, Neosho, Crawford, Comanche, Barber, Harper, Sumner, Cowley, Chataqua, Labette, and Cherokee. The county of Montgomery is also labeled at the bottom right but is not clearly visible on the map.

Region 3 -UniCare Health Plan of Kanas



Topeka, Capitol City



Who are the Managed Care Organizations?





How is Quality Measured?

- ✓ Nationally Recognized Quality HEDIS Indicators
- ✓ Satisfaction Surveys: CAHPS and Provider
- ✓ Performance Improvement Projects



What is HEDIS?

HEDIS, the Healthcare Effectiveness Data Information Set, is used by more than 90% of America's health plans to measure performance using administrative claims records.

HealthWave HEDIS Measures Assessed Annually

- Adult access to preventive/ambulatory health services
- Comprehensive diabetes care (HbA1c tests)
- Prenatal and postpartum care (prenatal visits)
- Antibiotic Utilization
- Children's access to primary care practitioners
- Use of appropriate medications for children with asthma
- Well-child visits in the first 15 months of life
- Well-child visits in the 3rd, 4th, 5th, and 6th years of life
- Lead Screening in Children



What is CAHPS?

CAHPS, the Consumer Assessment of Healthcare Providers and Systems, consists of standardized surveys of health care consumers. The surveys cover topics such as: communication skills of providers, accessibility of services, and satisfaction with the health plan.

KHPA and MCOs Utilize CAHPS to:

- Evaluate patient-centered care;
- Assess access to care;
- Report plan performance;
- Compare the results to local, regional, and national trends; &
- Improve quality of care.



What is a PIP?

PIPs, Performance Improvement Projects, are projects initiated by MCOs using a PDSA cycle (Plan, Do, Study, Act). Plans complete two PIPs per contract year.

PIP topics for HealthWave:

- Improving the Rate of Adolescent Well-Care Visits
- Improving the Rate of Prenatal Care in the First Trimester and Postpartum Care Visits
- Improving Lead Screening Rates
- Improving Customer Service Rates



KHPA Also Monitors MCOs By...

- ✓ Completing annual on-site audits
- ✓ Routine contact with the Kansas Hospital Association and the Kansas Medical Society
- ✓ Monthly operational reports for: Customer Service, Member Grievance, and Claims Payment
- ✓ Routine provider network review



Quality Improvement Plans

- New Quality Improvement effort underway to regularly measure and compare quality across programs, including SEHBP, HealthWave, and Medicaid FFS
- Public posting of program quality data, plan initiatives, activities, and outcomes
- Annual reviews of major programs that incorporate quality information
- Funds requested to support data collection in Medicaid FFS



Performance Results

KHPA routinely monitors the quality and operational performance of all plans. Operational reporting has taken place from the onset of contracting, however reporting quality measures are assessed across time through trend analysis.

| | Claims | | Customer Service | | | Grievances/Appeals | |
|------------------|--------------|--------|------------------|---------------------|--------------|--------------------|---------|
| | Total Claims | % Paid | Calls Answered | Avg Speed to Answer | Abandon Rate | Providers | Members |
| CMFHP | 147,698 | 73% | 5,894 | 7.75 sec | 2% | 11 | 34 |
| UniCare | 44,301 | 80% | 2,127 | 18.75 sec | 2% | 0 | 4 |
| Cenpatico | 2,853 | 57% | 456 | 0.08 sec | 0.87% | 1 | 2 |



Pending Quality Reports

- CAHPS beneficiary surveys for UniCare, Family Health Partners and HealthConnect – December 2008
- HEDIS health care measures for UniCare and Family Health Partners – Beginning Winter 2009
- Provider satisfaction surveys for UniCare and Family Health Partners – Beginning Winter 2009
- Results from Performance Improvement Projects – Beginning Winter 2009

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